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CONFIRMATION NO. 1720

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10/805,856				

APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/456,611 03/22/2003 ok /lb/

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****

05/31/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWINGS 1	TOTAL CLAIMS 5 3	INDEPENDENT CLAIMS 1
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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TITLE

Wound and skin closure instrument and method of use

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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